

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-348738

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 81

VS 300
Rev. 4/59

1 0650

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in 1b about 6Hrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtel Hospital		d. STREET ADDRESS (If outside, give location) Powersville	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Ethel Fields		4. DATE OF DEATH Month Day Year December 8, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/8/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 80
11. BIRTHPLACE (City and state or country) Putnam County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Thomas Draper		13b. MOTHER'S MAIDEN NAME Mary Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		17. INFORMANT Willard A. Fields	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Imm.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Princeton, Mo.		
21. I attended the deceased from July 1963 to 12-8-63 and last saw her alive on 12-8-63		22a. SIGNATURE (Degree or title) A. Douglas A. Pearce, M.D.	
22b. ADDRESS Princeton, Mo.		22c. DATE SIGNED 12-10-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/11/1963	23c. NAME OF CEMETERY OR CREMATORY Powersville Cemetery	23d. LOCATION (City, town, or county) (State) Powersville, Missouri
24. FUNERAL DIRECTOR Comstock Funeral Home	25. DATE RECD. BY LOCAL REG. 12/11/63	26. REGISTRAR'S SIGNATURE Belle Morris	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman Ogbeil

Licensed Embalmer No. 5050

P. O. Address Princeton, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Embalmed 12-11-63 Mch